

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AW</i>	75331	
O.I.P.E. CLASSIFIER		8	3-4-99
FORMALITY REVIEW		121581	3-5-99
	<i>AW</i>	10202	5-2-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/5/99
2	✓	✓	3/10/00
3	✓	✓	9/23/00
4	✓	✓	6/23/01
5	✓	✓	9/19/01
6	✓	✓	6/27/02
7	✓	✓	9/23/03
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
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46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	3/23/03
52	✓	✓	
53	✓	✓	
54	✓	✓	
55	✓	✓	
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99	✓	✓	
100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
102	✓	✓	
103	✓	✓	
104	✓	✓	
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106	✓	✓	
107	✓	✓	
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141	✓	✓	
142	✓	✓	
143	✓	✓	
144	✓	✓	
145	✓	✓	
146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)